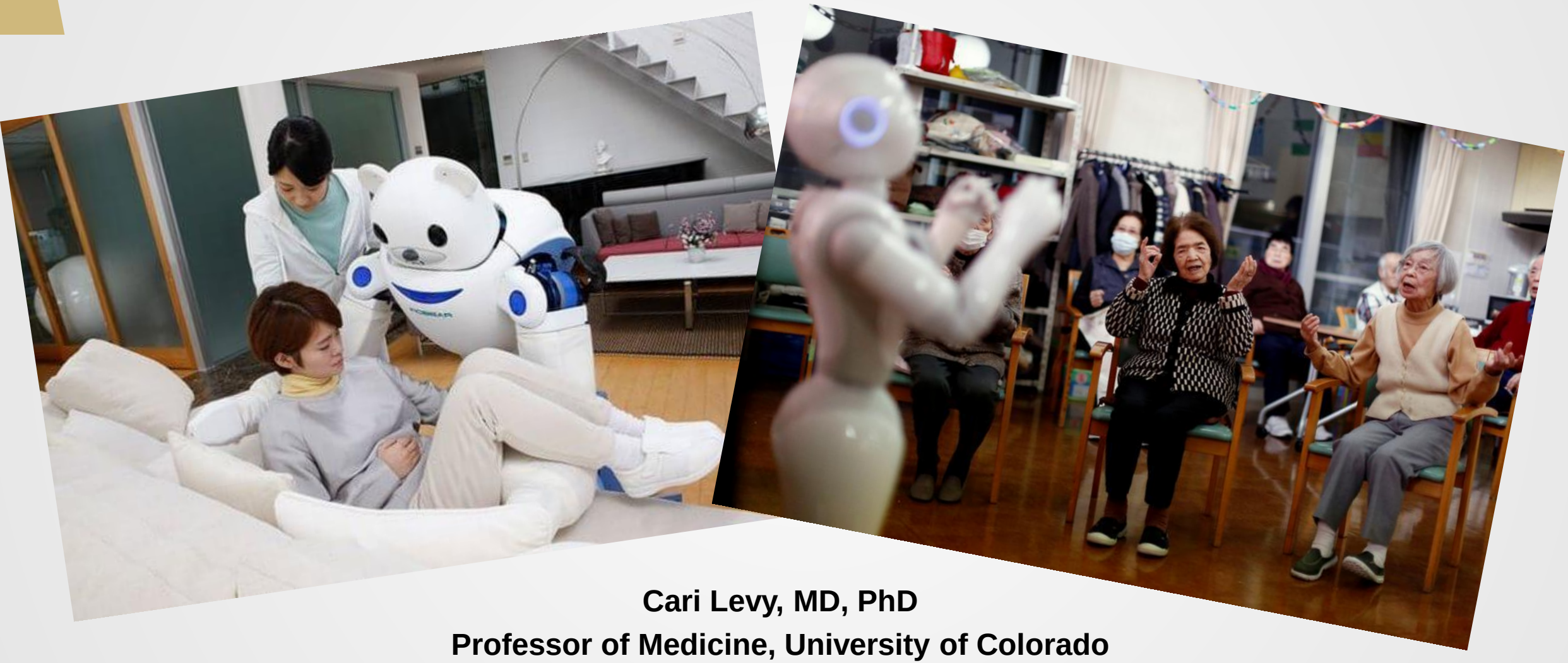
2022 CMDA Annual Conference

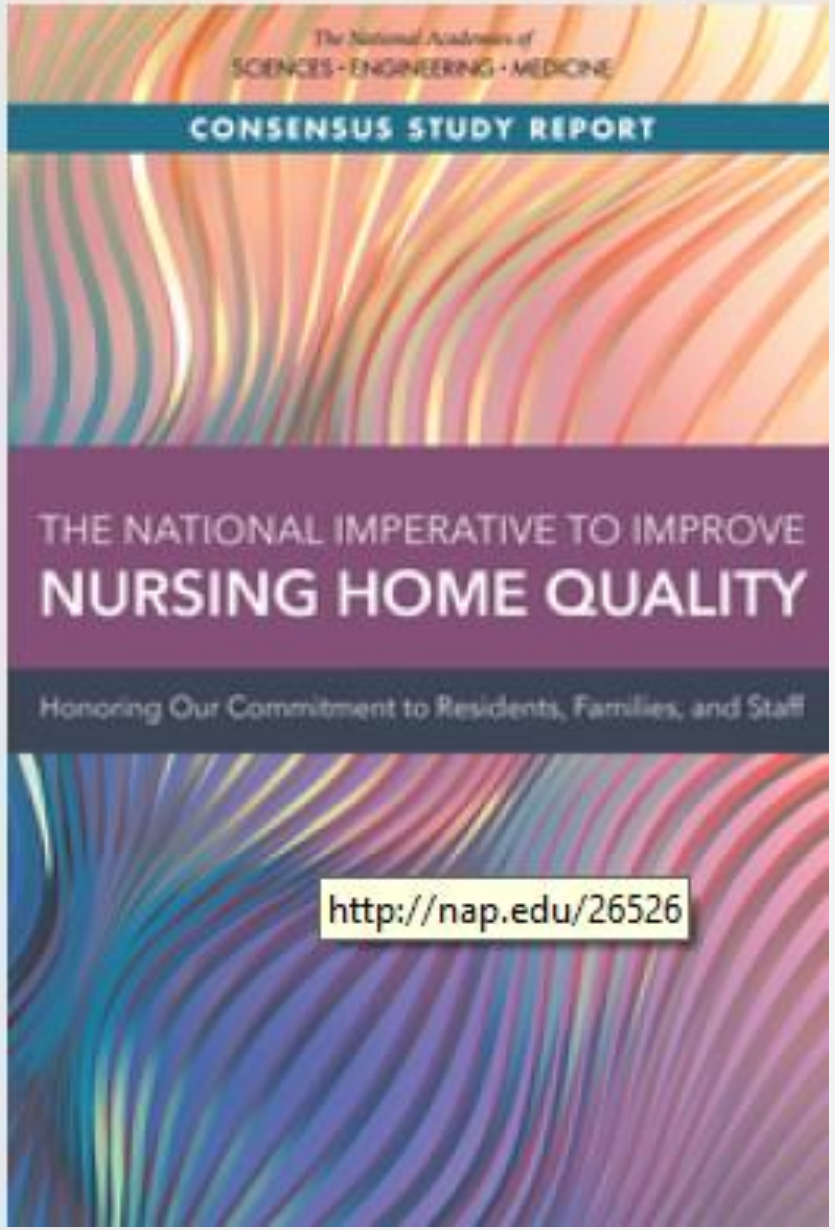
Denver, CO

April 29, 2022

“Innovative” Models of Care



Cari Levy, MD, PhD
Professor of Medicine, University of Colorado
Department of Medicine, Division of Health Care Policy and Research
April 29, 2022



Models of Care

… research on best practices related to clinical, behavioral, and psychosocial care delivery in nursing homes is scarce. Moreover, nursing homes are often not well integrated into the communities in which they are located nor with the broader health care system. Finally, little is known about how specific factors (e.g., staffing, environment, financing, technology, leadership) affect innovative models of care or how to ensure the sustainability of these approaches. To address these gaps, Recommendation 1B proposes a series of actions including:

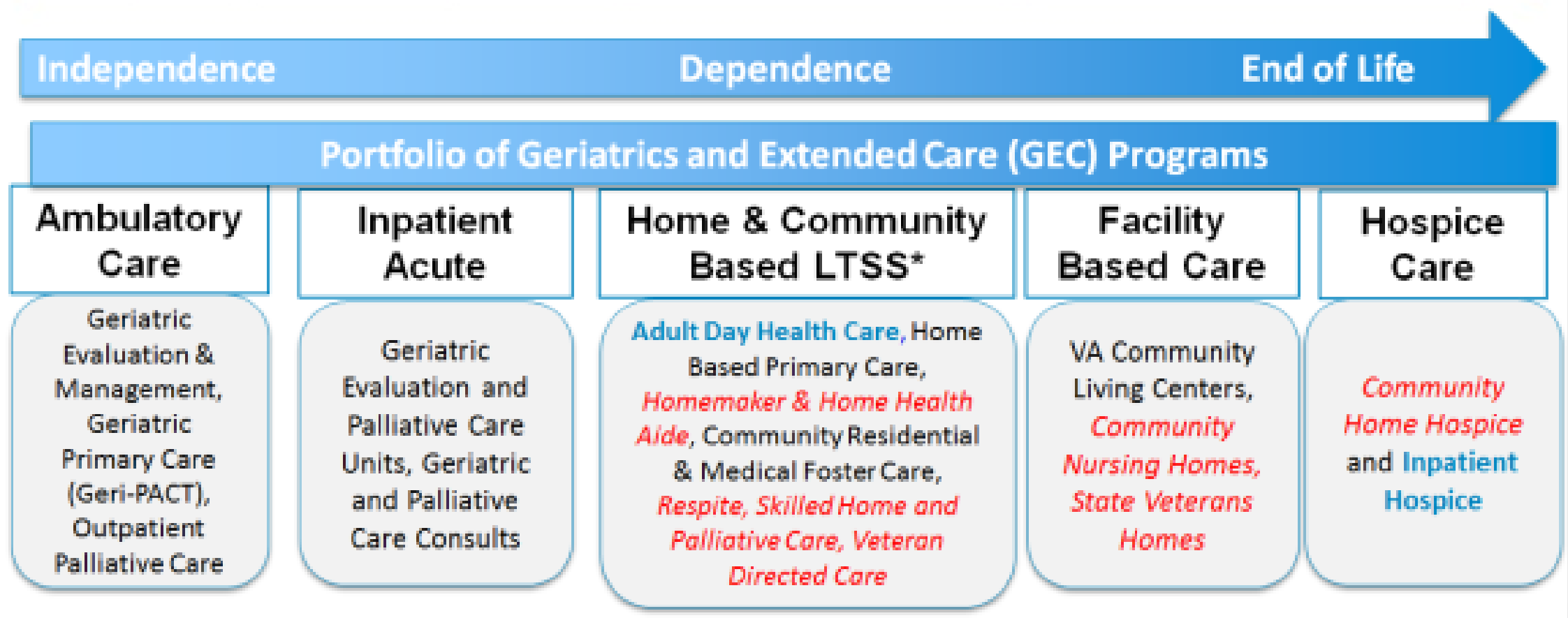
- **Translational research and demonstration projects for the most effective care delivery models in nursing home settings;**
- **Prioritization of models that reduce disparities and strengthen connections to the community and broader health care systems; and**
- **Evaluation of innovations in all aspects of care.**

Innovation Essentials

Good care for clinically complex older adult populations is not careless, quick or low-cost.

- Workforce: Invest, train, support, empower
- Research/QI: Build academic-community partnerships
- Community: Leverage community resources to age in place

A Continuum of Care with a Single Payer…



A Lecture Tour…

- Why innovation is needed
- Proposed Innovations

Innovation in the Workforce

Invest, train, support, empower

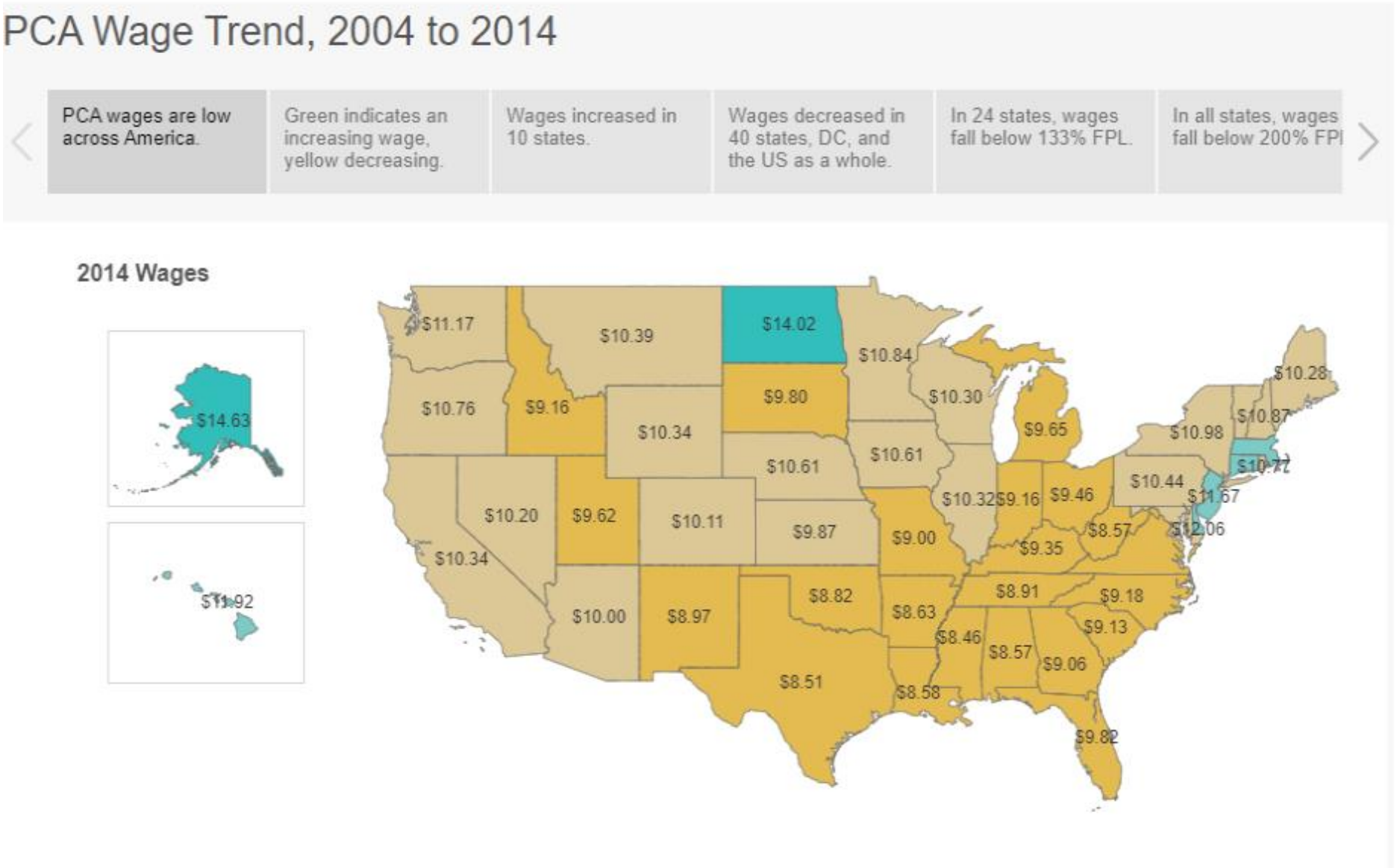
Workforce: Why is innovation needed…

- 4.6 million home care workers and CNAs in private homes, NHs and residential care

- 8.2 million job openings will need to be filled by 2028 (loss of existing workers, other sectors, immigration laws)

Direct Care Workers in the United States. Sept 2020. PHI
https://phinational.org/wp-content/uploads/2020/09/Direct-Care-Workers-in-the-United-States-2020-PHI.pdf

Workforce: Why innovation…



Workforce: Why innovation…

- Median $12-13/hour stagnant wage rate
  (☺ Florida Amendment 2 - $15 from $8.56)
- Minimal training (75 hours federal requirement)
- Limited support, respect, recognition
- Gender and racial inequalities

Workforce “Innovative” Solutions: Compensation

- Base wage indexed to cost of living
- Pay tied to time of employment and merit
- Access to benefits and wraparound supports

Scales K. JAMDA 23 (2022) 207-213

Workforce “Innovative” Solutions: Training

- Competency-based training
- Uniform credentials recognized across settings
- Career ladder based on training and experience

Scales K. JAMDA 23 (2022) 207-213

Workforce “Innovative” Solutions: Support

- Consistent, supportive supervision
- Peer mentorship
- Employment-related supports (transportation, daycare)

Scales K. JAMDA 23 (2022) 207-213

Workforce “Innovation” Empowerment and Inclusion

- Meaningful engagement in care planning
- Integrated into fabric of care team
- Value time at bedside
- Provide QI/Research opportunities

Scales K. JAMDA 23 (2022) 207-213

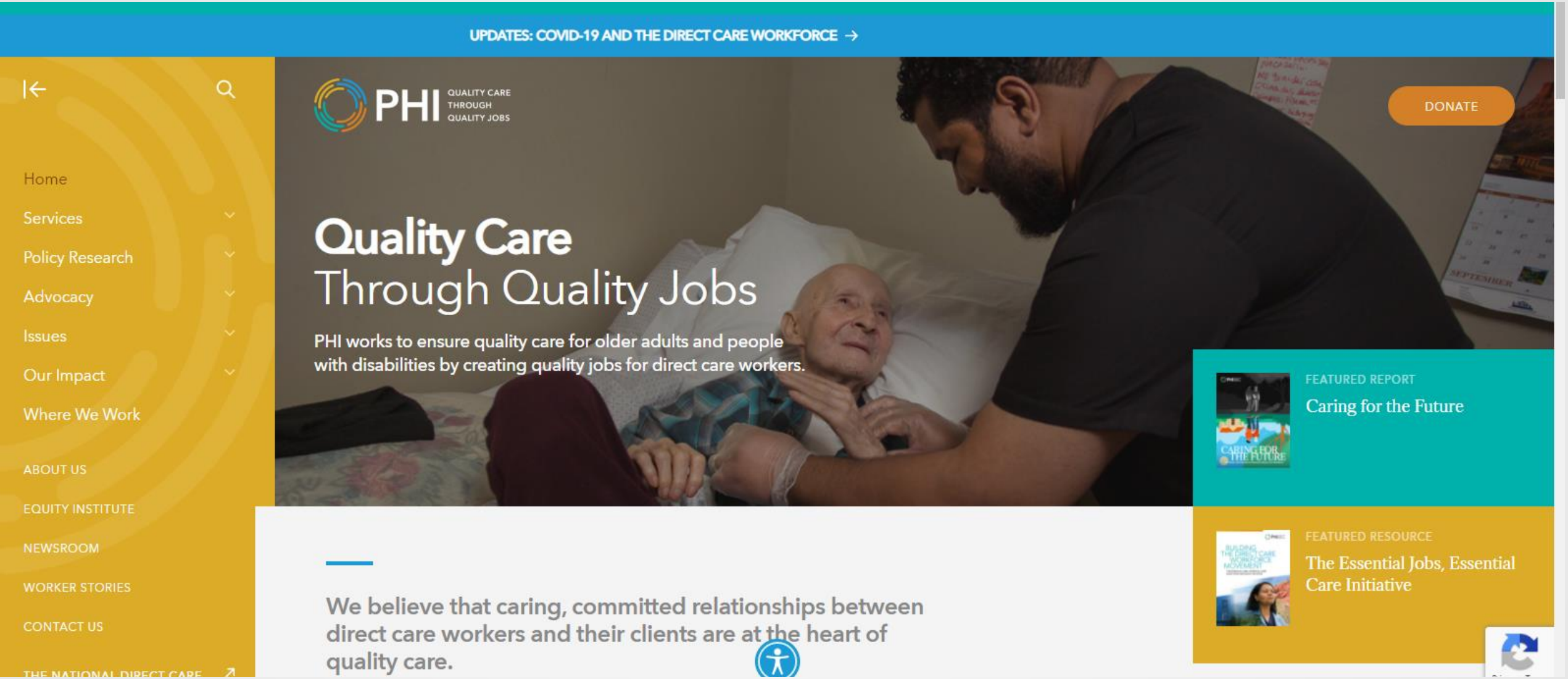
Example: Empower

Workforce: Proposed Policy Innovations

- **THEREFORE BE IT RESOLVED,** that AMDA-The Society for Post-Acute and Long-Term Care Medicine, together with likeminded professional organizations such as American Geriatrics Society, American Medical Association, and consumer organizations such as AARP and others, advocate for legislative action directing United States department of Health and Human Services to designate all Post-Acute and Long-Term Care communities, irrespective of their geographic location, as Health professional Shortage Areas and/or Medically Underserved Areas to facilitate recruitment and retention of health professionals using the usual and customary support made available for such designations.

Workforce: Proposed Policy Innovations

- **THEREFORE BE IT RESOLVED,** that AMDA-The Society for Post-Acute and Long-Term Care Medicine, together with likeminded professional organizations such as American Geriatrics Society, American Medical Association, and consumer organizations such as AARP and others, advocate for legislative action to create a pathway to immigration for undocumented noncitizens in the United States, who show their commitment to their intended homeland by working as Certified Nursing Assistants and/or Nurses in Post-Acute and Long-Term Care settings for a minimum of five years.

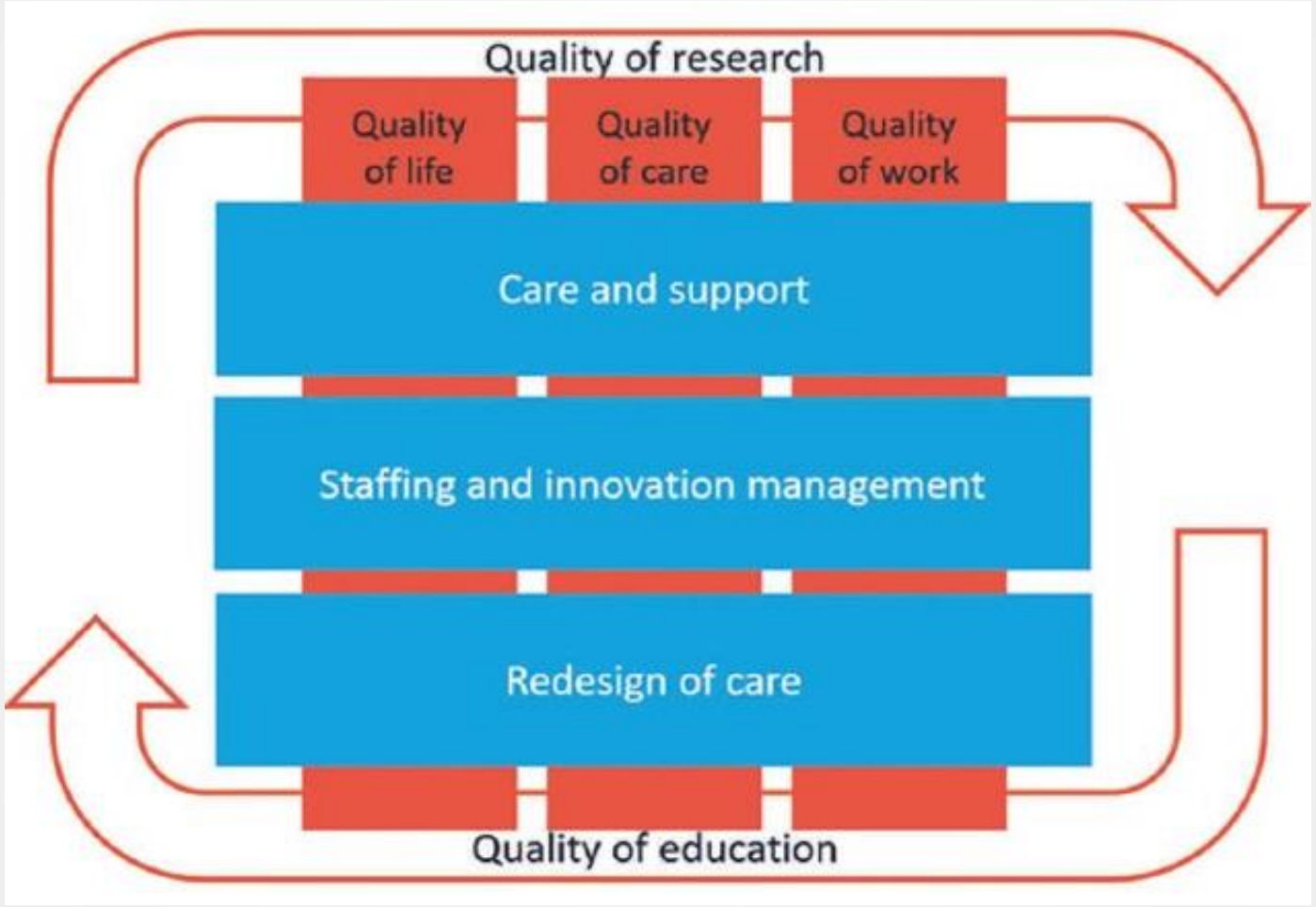


https://phinational.org

Innovation in QI/Research

Build academic-community partnerships

Living Lab Conceptual Framework



Verbeek H, et al. The Living Lab In Ageing and Long-Term Care: A Sustainable Model for Translational Research Improving Quality of Life, Quality of Care and Quality of Work. J Nutr Health Aging. 2020;24(1):43-47. doi: 10.1007/s12603-019-1288-5. PMID: 31886807; PMCID: PMC6934630.

Warning

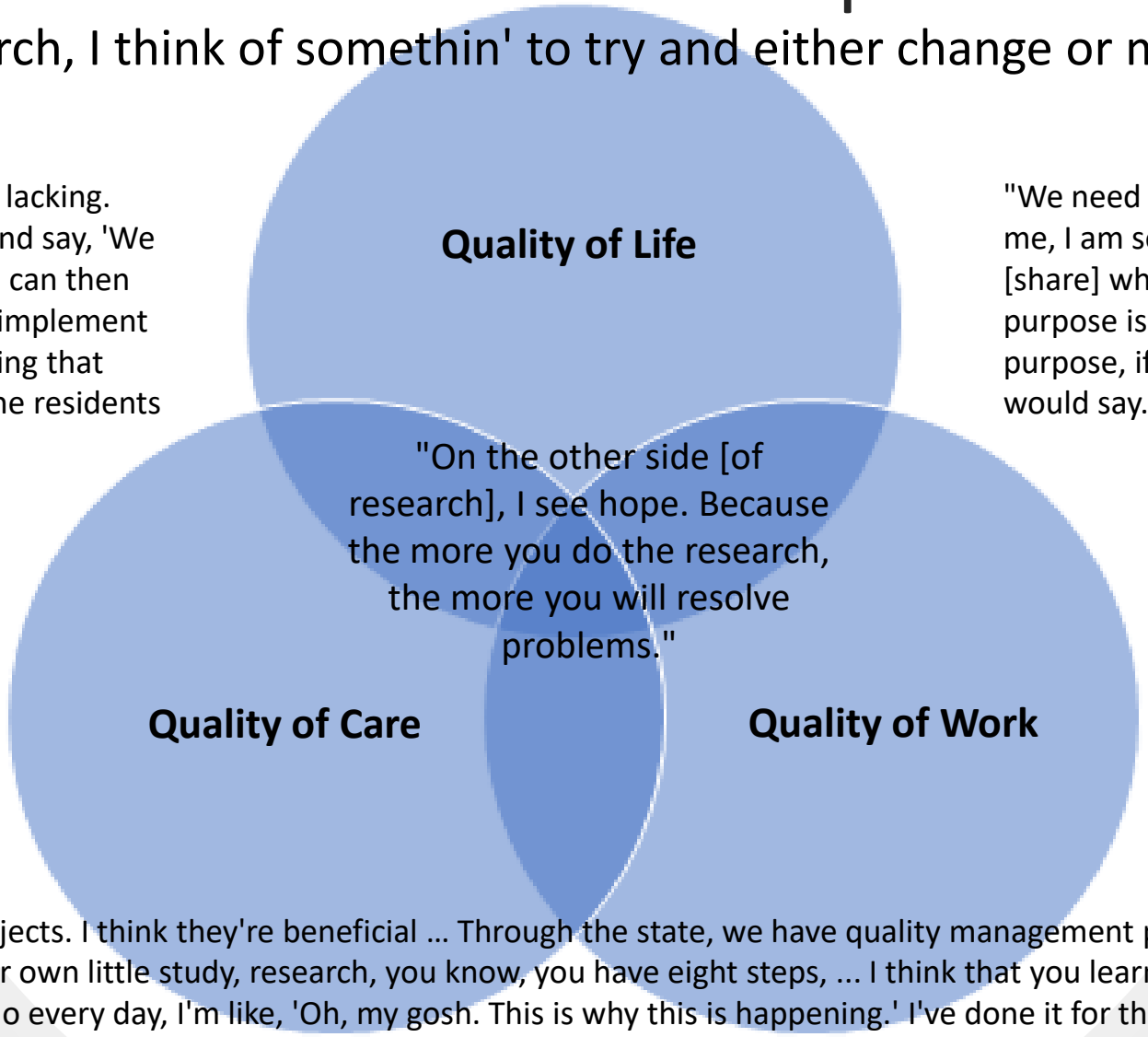
- Failure to pre-assess organizational strain when implementing organizational change runs the risk of counterproductivity, **exacerbating** *resource poverty, inhibiting care delivery, and undermining the soundness* of facilities like nursing homes.
- Just as oncologists assess patient status prior to chemotherapy… we **propose** that the *stamina and structural integrity of nursing homes be similarly assessed* before implementing research innovations

Levy, Cari, David Au, and Mustafa Ozkaynak. "Innovation and Quality Improvement: Safe or Sabotage in Nursing Homes?." (2021): 1670-1671.

Potential of Research Innovation to Uphold Living Lab Pillars

"When I hear research, I think of somethin' to try and either change or make things better."

"There could be potentially something lacking. Through research, … they come back and say, 'We feel like you're missing A, B and C.' You can then take that and create your own plan to implement what the research found. I think anything that could potentially improve quality for the residents and the staff is always a good thing."



"We need to participate [in research], … For me, I am so glad to meet and talk, to [share] what I feel, what I see, what I know. The purpose is very important. If you know the purpose, if that purpose is yours, it's a must, I would say."

"I love projects. I think they're beneficial … Through the state, we have quality management plans. You are doing your own little study, research, you know, you have eight steps, ... I think that you learn from those. Things I do every day, I'm like, 'Oh, my gosh. This is why this is happening.' I've done it for the past week, but now it finally clicks, and I find a solution and it betters the care, the staffing [to address] that situation. It's all a learning experience. I think health care is a learning experience every day."

QI/Research: Local Innovations

Vision for PALTC-KNOW:

A Post-Acute and Long-Term Care Knowledge Network for Older Adults and Workforce

"Success will look like **a network of experts** focused on meaningful ways to **enhance the joy of life and work in PALTC**. Collectively, our workforce, our providers, our residents and caregivers make up the experts of PALTC."

PALTC•KNOW
POST-ACUTE AND LONG-TERM CARE KNOWLEDGE NETWORK FOR OLDER ADULTS AND WORKFORCE

For those who want to “Be In the KNOW”

Please email:

- You can also email:
  - Kate.Ytell@cuanschutz.edu
  - Kathryn.Nearing@cuanschutz.edu
  - Cari.Levy@va.gov

“Innovation” in Community-based Models of Care

Leverage community resources to age in place

Community: Why it matters…

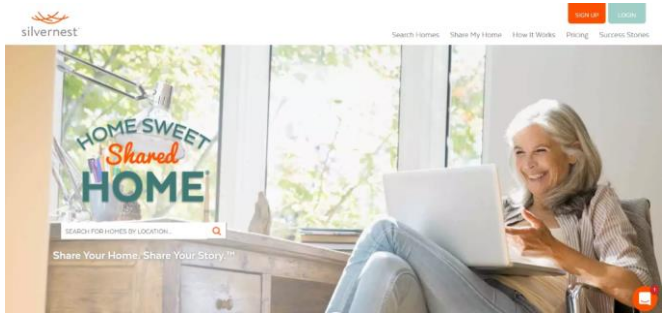
Premature placement in institutions due to:

- A lack of affordable housing (4-year waiting list), rising property taxes
- A shortage of affordable in-home services

55,000 >65yo with extra space in their home to rent

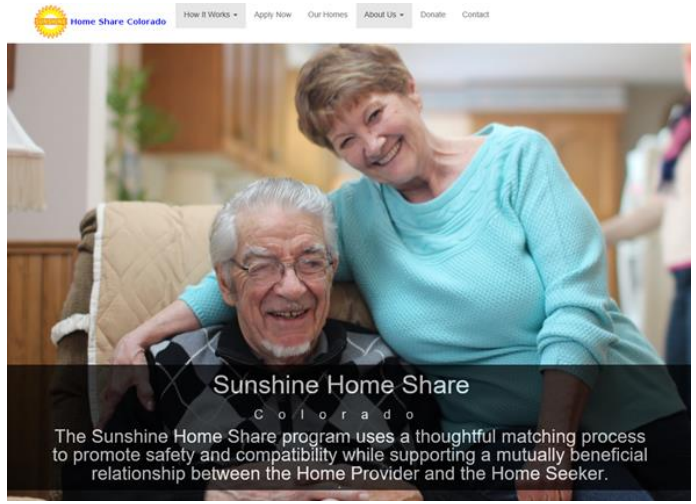
- Avg senior income $25,000/yr
- 1 bedroom = $1,325/mo avg
- 1 in 5 homeless in Denver are >55yo (Taxpayer cost= $40,000/yr)
- Only 1/3 receive help to stay at home before nursing home placement
- $23/hr avg cost of in-home services

The Ultimate Goal:
Honor the preference of 90% to age-in-place with increased independence, safety, reduced loneliness.


silvernest
SIGN UP
LOGIN
Search Homes
Share My Home
How It Works
Pricing
Success Stories
HOME SWEET
Shared
HOME
SEARCH FOR HOMES BY LOCATION...
Share Your Home. Share Your Story.™


airbnb

cairbnb


Home Share Colorado
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Sunshine Home Share
Colorado
The Sunshine Home Share program uses a thoughtful matching process to promote safety and compatibility while supporting a mutually beneficial relationship between the Home Provider and the Home Seeker.

Community “Innovations”: Homeshare

- High-touch vs. passive matching
- Scaling
- Funding

Magid KH, Galenbeck E, Hazelwood J, Shanbhag P, Joucovsky AL, Levy CR, Lum HD. Sharing Space to Age in Community: A Mixed-Methods Study of Homeshare Organizations. J Aging Soc Policy. 2022 Feb 6:1-29. doi: 10.1080/08959420.2022.2029266. Epub ahead of print. PMID: 35129098.

Independence at Home CMS Demonstration

Good care for clinically complex older adult populations is not careless, quick or low-cost.

Findings at a Glance

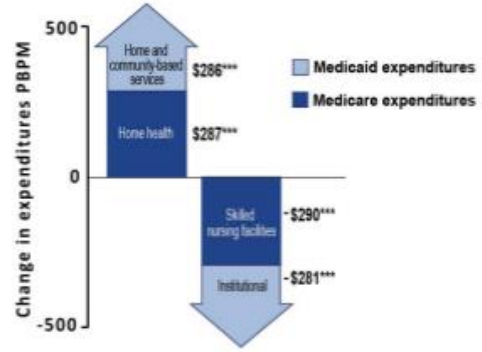
HOME-BASED PRIMARY CARE FINDINGS FOR SUBGROUPS

We analyzed the spending patterns of fee-for-service beneficiaries dually eligible for Medicare and Medicaid and for Medicare beneficiaries near the end of life. Both groups of beneficiaries met IAH eligibility criteria and received home-based primary care from any primary care clinician, not only those in IAH practices.

DUALLY ELIGIBLE BENEFICIARIES

Compared with dually eligible beneficiaries who did not receive home-based primary care, those who received home-based primary care had after one year:

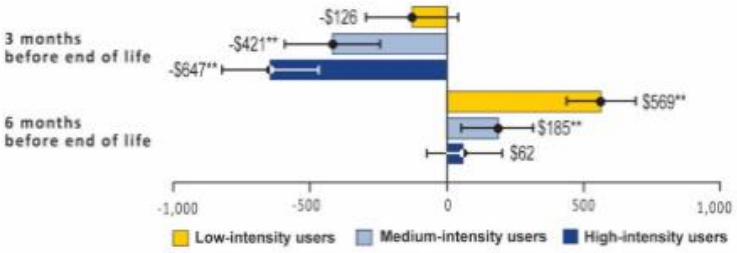
- **An increase in expenditures for home health and home and community-based services.**
- **A decrease in expenditures for skilled nursing and other institutional facilities.**
- **No decreases in total Medicare, total Medicaid, or combined expenditures.**



*** p<0.01.

BENEFICIARIES IN THE LAST THREE AND SIX MONTHS OF LIFE

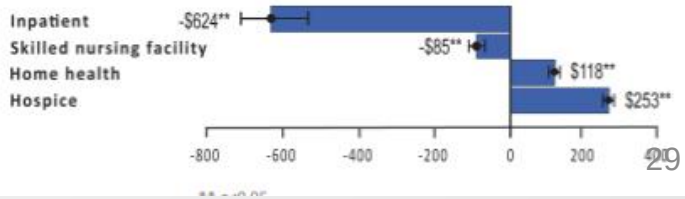
Compared with beneficiaries who also died but did not receive home-based primary care, home-based primary care users had the following differences in Medicare expenditures:



- **Lower Medicare expenditures during the last three months of life.**
- **Higher expenditures during the last six months of life.**
- **For both the last three and six months of life, users with the highest frequency of home-based primary care visits had the lowest expenditures.**

** p<0.05. Intensity of use is defined as follows using tercile cutoffs: low (visits every 11 weeks or less); medium (visits more often than every 11 weeks and less often than every 5 weeks); and high (visits more often than every 5 weeks).

In the last three months of life for all users (regardless of visit frequency), lower total Medicare expenditures of -$391 PBPM were driven by lower inpatient expenditures of -$624 PBPM.



VA MEDICAL FOSTER HOME

VA MEDICAL FOSTER HOME

WHERE HEROES MEET ANGELS

Home Based Primary Care
James A. Haley Veterans' Hospital
Mail Code: 111E
13000 Bruce B. Downs Blvd.
Tampa, Florida 33612
(727) 697-5142

RESEARCH ARTICLE

HSR Health Services Research

Medical foster home is less costly than traditional nursing home care

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[3]Brown University, Providence, Rhode Island

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Funding information
Health Services Research and Development, Grant/Award Number: 12-029

Abstract

Objective: To compare the costs of Community Nursing Homes (CNHs) to Medical Foster Homes (MFHs) at Veteran Health Administration (VHA) Medical Centers that established MFH programs.

Data Sources: Episode and costs data were derived from VA and Medicare files (inpatient, outpatient, emergency room, skilled nursing facility, dialysis, and hospice).

Study Design: Propensity scores matched 354 MFH to 1693 CNH Veterans on demographics, clinical characteristics, health care utilization, and costs.

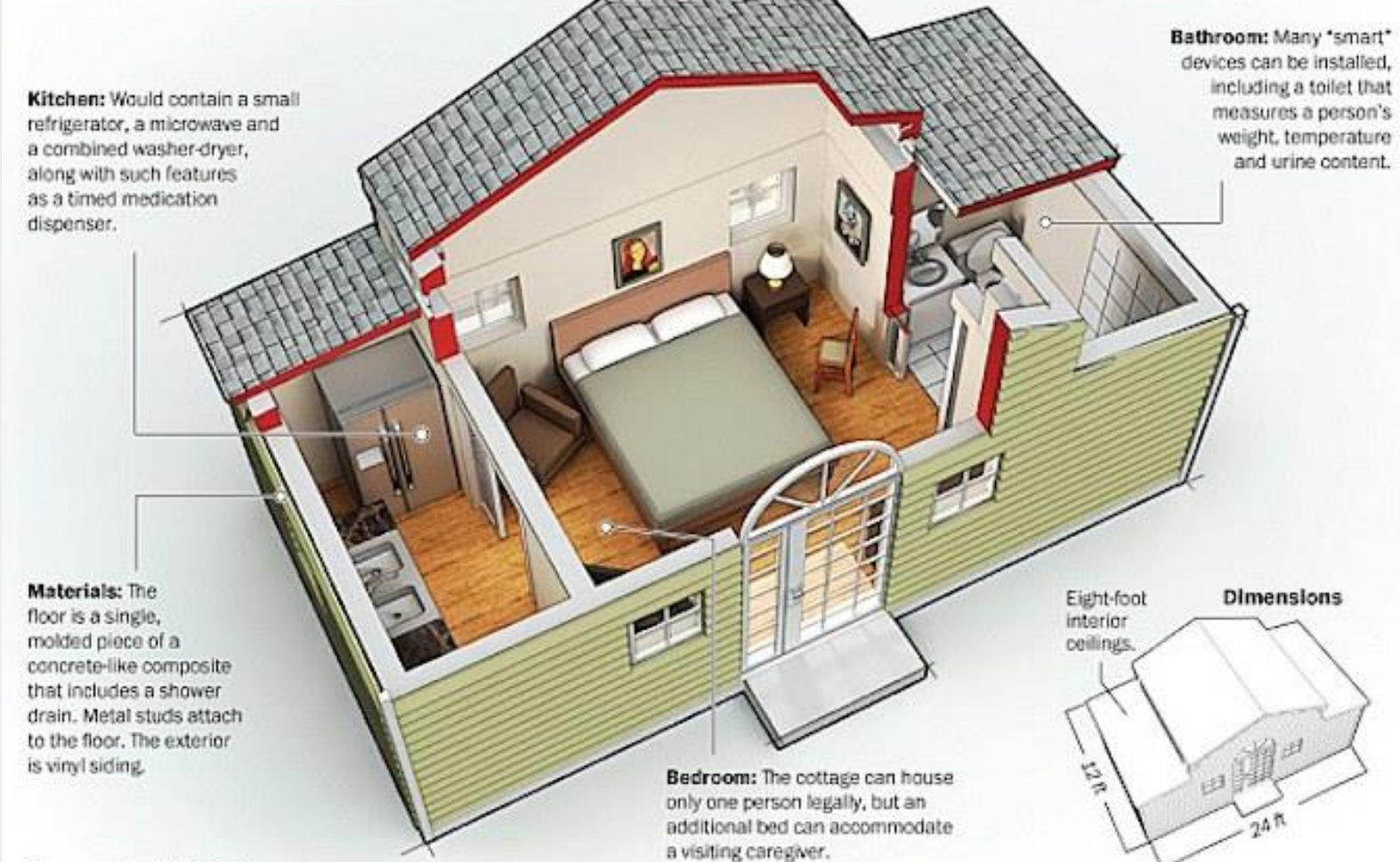
Data Extraction Methods: Data were retrieved for years 2010-2011 from the VA Corporate Data Warehouse, VA Health Data Repository, and the VA MFH Program through the VA Informatics and Computing Infrastructure (VINCI).

Principal Findings: After matching on unique characteristics of MFH Veterans, costs were $71.28 less per day alive compared to CNH care. Home-based and mental health care costs increased with savings largely attributable to avoiding CNH residential care. When average out-of-pocket payments by Veterans of $74/day are considered, MFH is at least cost neutral. Mortality was 12 percent higher among matched Veterans in CNHs.

Conclusions: MFHs may serve as alternatives to traditional CNH care that do not increase total costs with mortality benefits. Future work should examine the differences for functional disability subgroups.

Community Innovations: Accessory Dwelling Units “Senior Studios”

- Eligibility: Zoning laws (wheels vs. foundation), occupancy standards, housing authority/HOA
- Size: 80-400 sq ft
- Cost: $40,000-125,000



Kitchen: Would contain a small refrigerator, a microwave and a combined washer-dryer, along with such features as a timed medication dispenser.

Bathroom: Many "smart" devices can be installed, including a toilet that measures a person's weight, temperature and urine content.

Materials: The floor is a single, molded piece of a concrete-like composite that includes a shower drain. Metal studs attach to the floor. The exterior is vinyl siding.

Bedroom: The cottage can house only one person legally, but an additional bed can accommodate a visiting caregiver.

Dimensions

Eight-foot interior ceilings.

Some potential features

A **"virtual companion"** that would relay health-related messages ("It's time to take your medication") and play music, movies and games.

A **video system** that would monitor the floor at ankle level, so the patient would have privacy but a caregiver would know if there was a problem.

Pressurized ventilation that can keep airborne pathogens in (if the patient is quarantined) or keep outdoor air out (if a patient has a compromised immune system).

A lift, attached to a built-in track in the ceiling, that would move a patient from bed to bathroom so the caregiver could avoid heavy lifting.

In addition to regular ambient light, **lighting at knee height** would line the walls, illuminating the floor. Tripping over objects on the floor is the most common cause of falls.

Community: Cherry Creek West

Innovation Essentials

- Workforce: Invest, train, support, empower
- Research/QI: Build academic-community partnerships
- Community: Leverage community resources to age in place